

CSB Fees: <i>Before</i> 12/1/12, <i>Effective</i> 12/1/12, and Clarification/Significance of Changes								
MH (Mental Health) ID (Intellectual Disability) SUD (Substance Use Disorder)				Private providers charge: based on contracted providers' rates				
				Usual and customary: based on prevailing reimbursement rates of third party payers				
				Cost-based: based on CSB costs to deliver the service				
				Medicaid rate: based on the prevailing Medicaid SPO or Waiver reimbursement rate				
				Negotiated rate/no self pay: per Memorandum of Agreement or Contract				
Service	Billing Procedure Code	Subject to Ability to Pay Scale	Unit of Measurement	Basis for Fee-Setting	Fee before 12/1/12	Fee effective 12/1/12	Difference	Clarification/Significance of Changes
Access Followup 2nd Appointment	-	No	Each	Determined by Service Area	25.00	25.00	0.00	Service redesign underway; anticipate less utilization of this service
Access Followup 3+Appointment	-	No	Each	Determined by Service Area	5.00	5.00	0.00	Service redesign underway; anticipate less utilization of this service
Adolescent Day Treatment - SUD	-	Yes	¼ hour	Medicaid rate: day equiv is \$76.80	76.80	4.80	(72.00)	Recalibrated day rate (4 hours) into 1/4 hour rate.
Adolescent Day Treatment- MH	H0035-HA	Yes	1-2.99 hours/day 3-4.99 hours/day 5+ hours/day	Cost-based	47.14	50	2.86	The cost of the service has increased.
Adult Day Treatment - MH	H0035-HB	Yes	2-3.99 hours/day 4-6.99 hours/day 7+ hours/day	Cost-based	47.14	50	2.86	The cost of the service has increased. Med checks, psychiatric evaluations and injections are <u>not</u> part of the adult day treatment service. The medical service types should be recorded separately and billed to the consumer or insurer separately.
Adult Day Treatment- SUD	H0047	Yes	¼ hour	Medicaid rate: day equiv is \$76.80	76.80	4.80	(72.00)	Recalibrated day rate (4 hours) into 1/4 hour rate.
Case Management	T1017- ID H0023-MH	Yes	Month	Medicaid rate	326.50	326.50	0.00	Provided to individuals with more severe MH, ID and SUD disabilities and must meet the definition of State DBHDS, DMAS and Federal CMS.
Counseling - Family	90846-family only 90847- family+indiv	Yes	Event	Usual and customary	100	100	0.00	No change.
Counseling - Group	90853	Yes	Event	Cost-based	30	35	5.00	The cost of the service has increased.
Counseling - Individual	90804	Yes	¼ hour	Cost-based	30	35	5.00	The cost of the service has increased.
Counseling - Multi-Family	90849	Yes	Event	Equivalent to group counseling cost	30	35	5.00	The cost of the service has increased.
Crisis Intervention	H0036	Yes	¼ hour	Cost-based	36	44	8.00	The cost of the service has increased. Note that med checks, psychiatric evaluations and injections are <u>not</u> routinely part of the crisis intervention service. The medical service types should be recorded separately and billed to the consumer or insurer separately.
Crisis Stabilization - Adult Residential	H2019	Yes	Hour	Cost-based	123.41	123.41	0.00	The rate was set by the Regional Management Group beginning in FY 2011 for admissions from the 5 Northern Virginia CSBs.
Detox Admission	-	No	One Time	Determined by Service Area	30	0	(30.00)	This nominal fee is eliminated and replaced with a Detox Service per diem.
Detoxification, Medical and Social	-	Yes	Day	Cost-based	0	330	330.00	This fee is NEW and will require new procedures to implement. It was approved in order to explore filing claims with third party payers and therefore attracting pay sources beyond a nominal fee collected from consumers.
Drop-In Support Services, ID	-	No	Hour	Private providers charge	< or =10% of gross income	< or =10% of gross income	NA	This is a service provided ONLY by the private provider community. These vendors charge \$2 per hour of service up to a maximum of 10% of the individual's income.
Evaluation - Psychiatric	90801	Yes	¼ hour	Cost-based	50	62	12.00	The cost of the service has increased.
Evaluation/Assessment- Initial	90801	Yes	Event	Researching basis for next year's updates.	150	150	0.00	While the fee isn't changing, there is one major change in how it is implemented. Previously Youth Substance Abuse Consultation, Screening, Drug Testing and Evaluation services were provided at not cost to the Fairfax County Public Schools, per the CSB Fee and Subsidy Related Procedures Regulation 2120.1, Section XII, Services Provided At No Cost.) Effective 12/1/12, the exclusion is removed. However, free Youth Substance Abuse assessment services continues for the Juvenile Court.

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Service	Billing Procedure Code	Subject to Ability to Pay Scale	Unit of Measurement	Basis for Fee-Setting	Fee before 12/1/12	Fee effective 12/1/12	Difference	Clarification/Significance of Changes
Evaluation/Report - Other	-	Yes	¼ hour	Determined by Service Area	50	0	(50.00)	No change.
Head Start - Services to	-	No	¼ hour	Negotiated rate; no self-pay	25	25	0.00	No change. These fees are included in a Memorandum of Agreement between the CSB and the DFS Head Start Program. They may be renegotiated in a future Fee update.
IDS Congregate Residential Waiver Services	97535	No	Hour	Medicaid rate	17.63	17.36	(0.27)	This change reflects a correction to match the DMAS rate.
Independent Evaluations	-	No	Each	State set-rate; no self-pay	0	75	75.00	There is no consumer financial liability for this service. Reports are filed with the State Courts and State-set rates are reimbursed to the CSB.
Injection Procedure	96372	Yes	Injection	Usual and customary	20	20	0.00	No change.
Intensive Care Coordination - Youth	-	No	Month	Negotiated rate; no self-pay	1,110	1,160	50.00	There is no consumer financial liability for this service. It is a contracted rate with Fairfax CSA effective 7/1/12.
Intensive Community Treatment	H0039	Yes	Hour	Medicaid rate	153	153	0.00	No change. Med checks, psychiatric evaluations and injections are <u>not</u> part of the intensive community treatment service. The medical service types should be recorded separately and billed to the consumer or insurer separately.
Intensive Outpatient - SUD, Individual or Group	H2016	Yes	¼ hour	Medicaid rate, based on different credentials	2.70-4.80	4.80	#VALUE!	No change other than how it is represented on the Fee Schedule.
Lab Tests	-	No	Cost to consumer	Cost-based			NA	The consumer is financially liable for the cost of lab tests not otherwise reimbursed to the lab company by their insurance plan.
Late Cancellation or No Show	-	Yes	Event	Usual and customary	25	25	0.00	Previously termed Missed Appointment. The consumer is financially liable for late cancellations without 23-hour notification and no-shows. It is subject to a fee revision based on the Ability to Pay Scale.
Legal Testimony	-	Yes	¼ hour	Usual and customary	25	25	0.00	No change.
Medication Management	90862	Yes	Event	Cost-based	62	62	0.00	No change.
Neurological Testing		Yes	Event	Private providers charge	1,168	1,168	0.00	No change.
Prevention-Consultation and Education	-	Yes	¼ hour	Determined by Service Area	25	0	(25.00)	This fee is being removed from the Fee Schedule.
Psychosocial Rehabilitation	H2017	Yes	2-3.99 hours/day 4-6.99 hours/day 7+ hours/day	Medicaid rate	24.38	24.38	0.00	No change.
Release of Information: Copying	-	No	Per page	Usual and customary	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	NA	No change.
Release of Information: Research	-	No	Event	Usual and customary	10	10	0.00	No change.
Release of Information: Worker's Compensation	-	No	Event	Usual and customary	15	15	0.00	Previously termed Workman's Compensation.
Residential Fee Community Living , ID	-	No	Month	Historical; allowable under SSA	75% of gross income	75% of gross income	NA	No change.
Residential Services for Pregnant and Post Partum Women (New Generations)	H0018	Yes	Day	Medicaid rate	130	120	(10.00)	This change reflects a correction to match the DMAS rate.
Residential Support Services, HUD	-	No	Month	Historical; HUD Section 8 rent subsidy	30% of gross income	30% of gross income	NA	No change.
Residential Treatment Center Adolescent Level B (Sojourn House)	H2020	Yes	Day	Negotiated rate; adding self-pay option	Residential=\$187.56 Comb. Resid Svcs = \$146.22 Total Per Diem- \$333.78	Residential=\$223.07 Comb. Resid Svcs = \$180.78 Total Per Diem- \$403.85	70.07	This is a service for which CSA and Medicaid have been the pay sources. The program is adding a self-pay option, using the Ability to Pay Scale. The rates were approved by Fairfax CSA effective 7/1/12.

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Residential Treatment Services, MH and SUD, not otherwise listed on this chart	-	No	Month	Historical; HUD Section 8 rent subsidy	30% of gross income	30% of gross income, or \$5 per day, whichever is greater	NA	This standardizes the Fee assessed in all MH/SA adult residential programs (unless the program has a separate fee on the Fee Schedule). It changes the fees from a per diem basis in the SA programs to percentage of income. For both MH and SA adult residential programs, the Fee can never be lower than \$5 per day except in extreme circumstances as outlined in the CSB Fee and Subsidy Related Procedures Regulation 2120.1.
Residential, SUD Youth Intensive (Crossroads Youth)	-	Yes	Day	Cost-based	331.62	331.62	0.00	No change.
Returned Check (due to insufficient funds or closed account)	-	No	Each	County ordinance	25	50	25.00	This fee was increased to align with the Board of Supervisors adoption on 7/31/12 of a \$50 fee for any check returned for insufficient funds.
Substance Abuse Screening	-	No	One Time	Determined by Service Area	25	25	0.00	No change at this time. However with the design of Front Door services underway, it is likely that this particular service may become inactivated.
Support Services - MH Targeted	H0046	Yes	1-2.99 hours/day 3-4.99 hours/day 5-6.99 hours/day	Medicaid rate	91	91	0.00	No change.
Testing - Psychological	-	No	Event	Private providers charge	150	150	0.00	This is a fee charged by private providers serving individuals with ID.
Testing Battery - Psychological	96101	Yes	Event	Private providers charge	851	851	0.00	No change.
Transportation	-	No	Month	Determined by Service Area	100	100	0.00	This is a fee governed by the Transportation Subsidy Policy and Procedure. While it isn't subject to the Ability to Pay Scale, it has its own methodology for assessing a fee based on 13% of countable income or \$100, whichever is less.
Urine Collection & Drug Screening- Retests Only	-	Yes	Each	Determined by Service Area	25	25	0.00	Previously termed Urine Collection and Drug Screening. This is a correction based on actual practice (predominantly in SA programs) to charge for retests only.